

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Herbie Johnson  
Sheriff  
136 North Court Street  
Prattville, AL 36067

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) P. McLaughlin B. Date of Delivery 9-5-06

C. Signature P. McLaughlin ☐ Agent ☐ Addressee

☒ Delivery address different from item 1? ☐ Yes  
Enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7005 1820 0002 3461 5176

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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Southern Health Services Partners  
136 North Court Street  
Prattville, AL 36067

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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7005 1820 0002 3461 5152

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952